

INTERNATIONAL SCHOOLS GROUP – DHAHRAN CAMPUS SCHOOLS

MEDICAL FORM

MUST BE COMPLETED BY AN ATTENDING PHYSICIAN

To the attending Physician: This form will not be accepted without completed dates of ALL mandatory immunizations.

Student's full name: _____ **Date of Birth:** ____|____|____ **Grade/Year:** ____
DD | MM | YYYY

Please complete the following vaccination and medical history:

NB: The following immunizations are mandatory for admission to ISG Dhahran District Schools.

NB: TB Skin Test date must show the date Test has been given within the last 12 months

• Immunization DATES

	1st	2nd	3rd	Booster **2-3 yrs.old	Booster 4-6 yrs.old	Booster 14-16 yrs.old
Diphtheria						
Meningococcal	Date:					
Tetanus						
Polio						
Measles						
Mumps						
Rubella (German measles)						
*Tuberculin Skin Test (M) or	Date:	Pos:	Neg:			
BCG Vaccination	Date:					

TB Test must be given within last 12 months. *Exceptions to TB Skin Test will be made only if student has had BCG Vaccination.

**2-3yrs.old Not mandatory

• DOES THE STUDENT HAVE A HISTORY OF ANY OF THE FOLLOWING

YES			NO		
1. Measles			8. Convulsions (including Febrile)		
2. Mumps			9. Hearing Problems		
3. Rubella			10. Vision Problems		
4. Chicken Pox			11. Surgery		
5. Allergies			12. Other Serious Illness		
6. Asthma					
7. Skin Problems					

Comments (number and explain abnormal): _____

Based on a current history and physical examination, I find the above named student free of contagious disease, vaccinated in accordance with the above mandatory school requirements and fit for all usual school activities.

Signed: _____ **MD.** **Date:** _____

Include physician or clinic stamp